

EXETER PARKS & RECREATION MEDICAL RELEASE FORM

Please return to:

Exeter Parks & Recreation Department 32 Court St. Exeter, NH 03833 Phone: 773-6151

Phone: 773-6151 Fax: 773-6152

I, (Parent/Gua	ardian's Name) hereby giv	e permission for Exeter Parks & Recreation	
Department of 32 Court St. Exeter, NH to consent to in my absence and absence of other legal guardian, any and all medical			
attention to be administered to my child	(0	Child's Name) In the event of accident, injury,	
sickness,etc., under the direction of a recognized medical facility, under the general or special supervision of a licensed physician			
or surgeon until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.			
SIGNATURE OF PARENT		DATE:	
Child's name:	Age:	D.O.B.	
Home Phone:	Work/Cell/Pager number:		
Home address:	Work location:		
In case I cannot be reached, the following person/persons is/are designated to act on my behalf.			
Name:relationship:			
Home Number:	Cell/Pager Number	:	
PHYSICIAN:	PHONE:		
ADDRESS:			
KNOWN ALLERGIES:			
IF ALLERGY, WHAT IS THE REACTION?			
THE TREATMENT FOR ALLERGY EXPOSURE?			
MEDICATIONS:			
TETANUS (DATE GIVEN):			
ANY OTHER INFORMATION STAFF/VOLUNTEER OF EXETER PARKS & RECREATION DEPARTMENT SHOULD BE MADE AWARE OF? (MEDICAL, FAMILY, DEVELOPMENTAL)			
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Note: If you need to provide more information than space allows please use the back of this form or attach a separate sheet and indicate that there is more "over" or "attached"

Note: Due to the fact that we do NOT keep your child's medical form on file here at the Recreation Department we require you to fill this form out **BEFORE** the start of the program.

Thank you for completing this form, it will be in the possession of your child's coach/staff member in the event of an emergency.